

**CITY OF EL PASO, TEXAS**  
**AGENDA ITEM DEPARTMENT HEAD'S SUMMARY FORM**

**DEPARTMENT:** POLICE

**AGENDA DATE:** January 25, 2005

**CONTACT PERSON/PHONE:** ASSISTANT CHIEF PAUL CROSS / 564-7310  
MARTA GINER / 564-7119

**DISTRICT(S) AFFECTED:** ALL

**SUBJECT:**

Approve a resolution to authorize the Mayor to apply for, accept, reject, alter or terminate a Victim Services Response Team (VOCA) grant from the Office of the Governor, Criminal Justice Department. The grant is in the amount of \$97,234.00, with a cash match of \$18,432.00, and an in-kind contribution of \$5,877.00, for a total of \$121,543.00. The cash match will be funded through Confiscated Funds account # 21150060-500231.

**BACKGROUND / DISCUSSION:**

The grant funds will be utilized to provide information on crime victim's rights, the state compensation fund and facilitate an understanding among victims in the workings of the criminal justice system. This program will provide crisis intervention and outreach and identity to create support groups for victims of sexual assault and their significant others. Immediate crisis intervention will take place in crime scenes, hospitals and victim's homes.

**PRIOR COUNCIL ACTION:**

**Has the Council previously considered this item or a closely related one?**

This application is for a recurring grant. The current year grant application was originally approved on November 18, 2003 and the award was approved on June 22, 2004.

**AMOUNT AND SOURCE OF FUNDING:**

**How will this item be funded? Has the item been budgeted? If so, identify funding source by account numbers and description of account. Does it require a budget transfer?**

This item will be funded by State Grant Proceeds. The cash match will be funded through Confiscated Funds, account #21150060-500231.

**BOARD / COMMISSION ACTION:**

**Enter appropriate comments or N/A**

\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\*

**LEGAL:** (if required) \_\_\_\_\_

**FINANCE:** (if required) \_\_\_\_\_

**DEPARTMENT HEAD:** \_\_\_\_\_

(Example: if RCA is initiated by Purchasing, client department should sign also)  
*Information copy to appropriate Deputy City Manager*

**APPROVED FOR AGENDA:**

**CITY MANAGER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

CITY CLERK DEPT.  
05 JAN 26 AM 10:15

## **RESOLUTION**

WHEREAS, the El Paso City Council finds it in the best interest of the citizens of El Paso that the Victim Services Response Team be operated for the July 1, 2005 – June 30, 2006 year; and

WHEREAS, the El Paso City Council agrees to provide applicable matching funds for the said project as required by the Office of the Governor grant application; and

WHEREAS, the El Paso City Council agrees that in the event of loss or misuse of the Criminal Justice Division funds, the El Paso City Council assures that the funds will be returned to the Criminal Justice Division in full.

WHEREAS, the El Paso City Council designates Mayor Joe Wardy as the grantee's authorized official. The authorized official is given the power to apply for, accept, reject, alter or terminate the grant on behalf of the applicant agency.

### **NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF ELPASO:**

1. That the El Paso City Council approves submission of the grant application for the Victim Services Response Team project to the Office of the Governor, Criminal Justice Division.
2. The Mayor be authorized to sign the grant application including all understandings and assurances contained therein, and apply for, accept, reject, alter or terminate the grant in the amount of \$97,234.00, from the City of El Paso Police Department to the Office of the Governor, Criminal Justice Division, for the purpose of continuing the efforts of the Police Department's Victim Services Response Team.
3. The City of El Paso agrees to provide cash matching funds in the amount of \$18,432.00 and in-kind match of \$5,877.00.
4. The El Paso City Council agrees that the existence of an award will not be used to offset or decrease total salaries, expenses and allowances that the City receives or provides to its Police Department at or after the time the grant is awarded.
5. The Mayor be authorized to sign Cooperative Working Agreements relating to the grant with the following agencies: El Paso County Sheriff's Office; Court Appointed Special Advocates; Diocesan Migrant and Refugee Services, Inc., Battered Spouse Program; STARS; El Paso County District Attorney, Victim Assistance Program; El Paso County District Attorney, Domestic Violence Unit; El Paso County Attorney's Office, VOCA Protective Orders Program; Center Against Family Violence; Advocacy Center for the Children of El Paso; West Texas Community Supervision and Corrections Department, Victim Services Program; Rio Grande Council of Governments; and Family Service of El Paso, Crime Survivors Counseling Program.

ADOPTED this 25<sup>th</sup> day of January, 2005

CITY OF EL PASO

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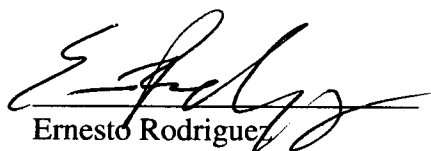
Joe Wardy, Mayor

ATTEST:

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Richarda Duffy Momsen  
City Clerk

APPROVED AS TO FORM:



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Ernesto Rodriguez  
Assistant City Attorney

GA 16 - 2005

## GRANT APPLICATION REVIEW

DEPARTMENT  
PoliceTYPE OF GRANT  
VSRT-Victim Service Response Team  
(VOCA)

CONTROL #

840

GRANTOR  
Office of the Governor  
Criminal Justice DivisionEFFECTIVE DATE  
7/01/05 – 06/30/06

MATCHING FUND REQ

☒ YES☐ NO

SOURCE OF FUNDS (GRANT AMOUNT, MATCHING, IN-KIND, INTERGOVERN.)

Grant	\$97,234	
Cash Match	\$18,432	Confiscated Funds account # 21150060-500231
In-Kind	<u>\$5,877</u>	
	\$121,543	

PERSONNEL FUNDED BY GRANT

3 Case Managers

BRIEFLY DESCRIBE HOW GRANT WILL BE USED AND ANY SPECIAL CONDITIONS FOR GRANT:

Grant will be used to provide information on crime victim's rights, the state compensation fund and facilitate an understanding among victims in the workings of the criminal justice system. Provide crisis intervention and outreach and identify or create support groups for victims of sexual assault and their significant others. Immediate crisis intervention will be provided at crime scenes, hospitals and at victim's homes.

LEGAL

OMB ANALYST

FINANCIAL OFFICER

GRANTS ACCOUNTING MANAGER

CITY MANAGER

GRANTS COORDINATOR

COMMENTS

Internal Review Process: Department/Agency Grant > Grants Office > OMB Analyst > Grants Accounting Manager > Financial Officer > Legal > City Manager (and City Clerk > City Council > Mayor) > Department/Agency > Granting Agency

**EL PASO POLICE DEPARTMENT**  
**MEMORANDUM**

**TO:** Ernesto Rodriguez, Assistant City Attorney  
**FROM:** Marta Giner  
**DATE:** January 13, 2005

THE ATTACHED IS SUBMITTED FOR:	ORIGINAL DOCUMENTS	PRIORITY LEVEL
<input type="checkbox"/> Review and Comments	<input checked="" type="checkbox"/> Attached	<input checked="" type="checkbox"/> ASAP
<input type="checkbox"/> Legal Opinion Requested	<input type="checkbox"/> Will be forwarded	<input type="checkbox"/> At your earliest convenience
<input checked="" type="checkbox"/> Council Action		
<input type="checkbox"/> Other		
<b>ADDITIONAL INFORMATION/REQUEST</b>		
<input checked="" type="checkbox"/> City Council Meeting Date: <b>January 25, 2005</b>		
<input checked="" type="checkbox"/> Matching/In-Kind funds available in Acct. Nos: 21150060-500231		Description <b>Confiscated Funds</b>
<input checked="" type="checkbox"/> Item is on a deadline, "Fast Track."		
<b>SPECIAL INSTRUCTIONS:</b>		
Need Mayor to sign resolution to apply for a Victim Services Response Team (VOCA) grant, from the Officer of the Governor,  Criminal Justice Department, in the amount of \$97,234, with a cash match of \$18,432 and an in-kind contribution in the amount  of \$5877, for a total of \$121,543.		

<b>CONTACT PERSON:</b>	<u>Marta Giner</u>	<u>564-7119</u>
	<b>Name</b>	<b>Telephone</b>

**AUTHORIZED BY:** \_\_\_\_\_

Name Telephone

# Grant Coversheet Form

<b>1. ENTER the legal name of the organization:</b> City of El Paso-El Paso Police Department				<b>12. a) ENTER the Authorized Official Information:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Title (Mr., Ms., Dr., Judge, etc.):</td> <td colspan="2">Mr.</td> </tr> <tr> <td>Name:</td> <td>Joe</td> <td colspan="3">Wardy</td> </tr> <tr> <td>Position:</td> <td colspan="4">Mayor</td> </tr> <tr> <td colspan="5">Address: 2 Civic Center Plaza</td> </tr> <tr> <td>City/State/Zip:</td> <td>El Paso</td> <td>Texas</td> <td colspan="2">79901</td> </tr> <tr> <td>Telephone:</td> <td>915-451-4145</td> <td>Fax:</td> <td colspan="2">915-541-4501</td> </tr> <tr> <td>Email:</td> <td colspan="4">Mayor@elpasotexas.gov</td> </tr> </table>				Title (Mr., Ms., Dr., Judge, etc.):			Mr.		Name:	Joe	Wardy			Position:	Mayor				Address: 2 Civic Center Plaza					City/State/Zip:	El Paso	Texas	79901		Telephone:	915-451-4145	Fax:	915-541-4501		Email:	Mayor@elpasotexas.gov			
Title (Mr., Ms., Dr., Judge, etc.):			Mr.																																							
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Telephone:	915-451-4145	Fax:	915-541-4501																																							
Email:	Mayor@elpasotexas.gov																																									
<b>2. ENTER the title of the project:</b> Victim Services Response Team				<b>b) ENTER the Project Director Information:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Title (Mr., Ms., Dr., Judge, etc.):</td> <td colspan="2">Ms.</td> </tr> <tr> <td>Name:</td> <td>Elizabeth</td> <td colspan="3">Ovalle</td> </tr> <tr> <td>Position:</td> <td colspan="4">Program Director</td> </tr> <tr> <td colspan="5">Address: 911 N. Raynor</td> </tr> <tr> <td>City/State/Zip:</td> <td>El Paso</td> <td>Texas</td> <td colspan="2">79903</td> </tr> <tr> <td>Telephone:</td> <td>915-564-7088</td> <td>Fax:</td> <td colspan="2">915-564-7354</td> </tr> <tr> <td>Email:</td> <td colspan="4">ovallee@elpasotexas.gov</td> </tr> </table>				Title (Mr., Ms., Dr., Judge, etc.):			Ms.		Name:	Elizabeth	Ovalle			Position:	Program Director				Address: 911 N. Raynor					City/State/Zip:	El Paso	Texas	79903		Telephone:	915-564-7088	Fax:	915-564-7354		Email:	ovallee@elpasotexas.gov			
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Email:	ovallee@elpasotexas.gov																																									
<b>3. ENTER the division or unit to administer the project:</b> Elderly & Domestic Abuse Prevention Unit				<b>c) ENTER the Financial Officer Information:</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Title (Mr., Ms., Dr., Judge, etc.):</td> <td colspan="2">Mr.</td> </tr> <tr> <td>Name:</td> <td>William</td> <td colspan="3">Studer</td> </tr> <tr> <td>Position:</td> <td colspan="4">Deputy City Manager for Financial and Administrative Services</td> </tr> <tr> <td colspan="5">Address: 2 Civic Center Plaza</td> </tr> <tr> <td>City/State/Zip:</td> <td>El Paso</td> <td>Texas</td> <td colspan="2">79901</td> </tr> <tr> <td>Telephone:</td> <td>915-541-4215</td> <td>Fax:</td> <td colspan="2">915-541-4760</td> </tr> <tr> <td>Email:</td> <td colspan="4">StuderWF@elpasotexas.gov</td> </tr> </table>				Title (Mr., Ms., Dr., Judge, etc.):			Mr.		Name:	William	Studer			Position:	Deputy City Manager for Financial and Administrative Services				Address: 2 Civic Center Plaza					City/State/Zip:	El Paso	Texas	79901		Telephone:	915-541-4215	Fax:	915-541-4760		Email:	StuderWF@elpasotexas.gov			
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Telephone:	915-541-4215	Fax:	915-541-4760																																							
Email:	StuderWF@elpasotexas.gov																																									
<b>4. ENTER the agency's State Payee Identification Number:</b> 74-6000749				<b>13. a) SELECT your organization type based on the list of eligible applicants by fund source:</b> City																																						
<b>5. Is the applicant organization delinquent on any federal or state debt? (SELECT One):</b> No  <i>Note: CJD will not award a grant to an applicant that is delinquent on any federal or state debt unless they can show mitigating circumstances, subject to CJD approval.</i>				<b>b) LIST the cities and counties within the service area:</b> City of El Paso																																						
<b>6. The funding source your organization is applying for is:</b> <b>Victims of Crime Act Fund (federal CFDA-16.575)</b>				<b>14. FOR COG USE ONLY</b>																																						
<b>7. ENTER the grant period:</b> From: 7/1/2005 To: 6/30/2006				a) Is this application shared with another COG? (ENTER "Yes" or "No"):																																						
<b>8. ENTER the current grant number if a continuation project:</b> 13590-06				b) CPTN #:																																						
<b>9. Budget Information (figures are filled in from the Budget Form):</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>CJD Funds</th> <th>Cash Match</th> <th>In-Kind</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>\$97,234</td> <td>\$18,432</td> <td>\$5,877</td> <td>\$121,543</td> </tr> </tbody> </table>				CJD Funds	Cash Match	In-Kind	Total	\$97,234	\$18,432	\$5,877	\$121,543	c) Priority #:																														
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\$97,234	\$18,432	\$5,877	\$121,543																																							
<b>10. a) Is this a local or regional project? (SELECT One):</b> Yes				d) State Application Identifier (SAI #) or COG Application ID:																																						
<b>b) Is this grant application in response to a Request for Applications (RFA) as published in the Texas Register? (SELECT One):</b> Yes																																										
<b>c) If you marked 'No' to item 10.b), ENTER the name of the CJD staff member that you contacted for submission:</b>																																										
This application <b>is</b> subject to a regional COG Prioritization.																																										
<b>11. SELECT the primary service county or area:</b> El Paso																																										
The regional council of government (COG) for this application is:  Rio Grande Council Of Governments (0800)																																										

# Grant Budget Form

Legal Name of Organization:	City of El Paso-El Paso Police Department				
Title of Project:	Victim Services Response Team				
Grant Period:	From:	7/1/2005	To:	6/30/2006	
Current Grant Number (If Continuation):	13590-06				
Minimum Match Percentage (If Applicable):	20%	1. ENTER the CJD Requested Amount:			\$97,234
Minimum Match Amount (If Applicable):	\$24,309				
2. ENTER Program Income Applied to this Budget (If Applicable):	\$0	Total Project Cost Amount:			\$121,543

## BUDGET DETAIL

<u>PERSONNEL</u>	Salary % Applied to the Grant	CJD Funds	Cash Match	In-Kind	Total
Case Manager - Provide immediate crisis intervention, telephone contacts, information and referrals, assist with TCVC applications. Fringe Benefits - FICA, Medicare, Workers Comp, Unemployment, Health & Life Insurance, Pension. Salary \$27,000 + Fringe \$9,216.	100.00%	\$36,216			\$36,216
Case Manager - Provide immediate crisis intervention, telephone contacts, information and referrals, assist with TCVC applications.	100.00%	\$27,000			\$27,000
Fringe Benefits - FICA, Medicare, Workers Comp, Unemployment, Health and Life Insurance, Pension			\$9,216		\$9,216
Case Manager - Provide immediate crisis intervention, telephone contacts, information and referrals, assist with TCVC applications.	100.00%	\$27,000			\$27,000
Fringe Benefits - FICA, Medicare, Workers Comp, Unemployment, Health and Life Insurance, Pension			\$9,216		\$9,216
Volunteers - Each @\$7.00 per hour x 839.7 hours. The volunteers will assist the Case Managers in immediate crisis intervention, information and referrals.				\$5,877	\$5,877
<b><u>CONTRACTUAL AND PROFESSIONAL SERVICES</u></b>		CJD	Cash	In-Kind	Total
N/A					\$0
<b><u>TRAVEL AND TRAINING</u></b>		CJD	Cash	In-Kind	Total
Out-of-state travel & training conferences using the Department's travel policy, which includes \$46 per diem, \$94 per night for hotel & lowest airfare, plus conference fee.		\$4,500			\$4,500
<b><u>EQUIPMENT</u></b>		CJD	Cash	In-Kind	Total
N/A					\$0
<b><u>SUPPLIES AND DIRECT OPERATING EXPENSES</u></b>		CJD	Cash	In-Kind	Total
Airtime for three (3) cellular phones @ \$43.00 per month per phone.		\$1,548			\$1,548
Consumable office supplies (printer paper, staples, envelopes, tape, postage, pens)		\$600			\$600
Polaroid film @ 18.50 per box for 20 boxes		\$370			\$370
<b><u>INDIRECT COSTS (the Direct Costs Against Which the Indirect Rate is Charged)</u></b>		CJD Direct Costs	Match Direct Costs	Indirect Rate	Total
N/A					\$0

## BUDGET SUMMARY

BUDGET CATEGORIES	CJD	CASH	IN-KIND	TOTAL
PERSONNEL	\$90,216	\$18,432	\$5,877	\$114,525
CONTRACTUAL AND PROFESSIONAL SERVICES	\$0	\$0	\$0	\$0

## Grant Budget Form

TRAVEL AND TRAINING	\$4,500	\$0	\$0	\$4,500
EQUIPMENT	\$0	\$0	\$0	\$0
SUPPLIES AND DIRECT OPERATING EXPENSES	\$2,518	\$0	\$0	\$2,518
TOTAL DIRECT COSTS:	\$97,234	\$18,432	\$5,877	\$121,543
INDIRECT COSTS	\$0	\$0	\$0	\$0
TOTAL:	\$97,234	\$18,432	\$5,877	\$121,543
Actual Total Match:		\$24,309		
Actual Match Percentage Applied to this Budget:		20.00%		

# Match & Generated Program Income (GPI) Form

Legal Name of Organization:	City of El Paso-El Paso Police Department		
Title of Project:	Victim Services Response Team		
Grant Period:	From:	7/1/2005	To: 6/30/2006
Current Grant Number (If Continuation):	13590-06		

## A. CASH MATCH SOURCES AND AMOUNTS

1. a) ENTER Source of Cash Match (e.g., program income, city, county, etc.):	b) ENTER Amount:	Cont'd - ENTER Source of Cash Match	Cont'd - ENTER Amount:
(1) Confiscated funds (City of El Paso) - Fringe Benefits for one Case Manager Position	\$9,216	(11)	
(2) Confiscated funds (City of El Paso) - Fringe Benefits for one Case Manager Position	\$9,216	(12)	
(3) Volunteer hours (in-kind) Each @ \$7.00 per hour x 839.7 hours. Tracked through log sheets & time cards.	\$5,877	(13)	
(4)		(14)	
(5)		(15)	
(6)		(16)	
(7)		(17)	
(8)		(18)	
(9)		(19)	
(10)		<b>Total Cash Match</b>	<b>\$ 24,309</b>

## B. GENERATED PROGRAM INCOME (GPI) REPORTING

The information requested below is not calculated in the computations as part of this grant application. It is for reporting purposes to CJD only. Even though some program income may be listed as "CASH MATCH" within the Budget Form, all program income on-hand must be shown below.

ENTER Program Income On-Hand as of the grant application submission date:

# Fund-Specific Criteria Form

Legal Name of Organization:	City of El Paso-El Paso Police Department			
Title of Project:	Victim Services Response Team			
Grant Period:	From:	7/1/2005	To:	6/30/2006
Current Grant Number (If Continuation):	13590-06			

## PART 1: FUND-SPECIFIC CERTIFICATIONS

**All applicants must certify to the following requirements for the Victims of Crime Act (VOCA) fund:**

Services to Victims of Crime - Applicant agrees to provide services to victims of crime which include: responding to the emotional and physical needs of crime victims; assisting victims in stabilizing their lives after a victimization; assisting victims to understand and participate in the criminal justice system; and providing victims with safety and security.

Effective Services - Applicant must demonstrate a record of providing effective services to crime victims. If the applicant cannot yet demonstrate a record of providing effective services, the applicant must demonstrate that at least 25 percent of its financial support comes from non-federal sources.

Volunteers - Applicant agrees to use volunteers to support either the project or agency-wide services, unless CJD determines that a compelling reason exists to waive this requirement.

Community Efforts - Applicant agrees to promote community efforts to aid crime victims. Applicants should promote, within the community, coordinated public and private efforts to aid crime victims. Coordination efforts qualify an organization to receive VOCA funds, but are not activities that can be supported with VOCA funds.

Crime Victims' Compensation - Applicant agrees to assist crime victims in applying for crime victims' compensation benefits.

Records - Applicant agrees to maintain daily time and attendance records specifying the time devoted to allowable VOCA victim services.

Civil Rights Information - Applicant agrees to maintain statutorily required civil rights statistics on victims served by race, national origin, sex, age, and disability of victims served, within the timeframe established by CJD. This requirement is waived when providing service, such as telephone counseling, where soliciting the information may be inappropriate or offensive to the crime victim.

Victims of Federal Crime - Applicant agrees to provide equal services to victims of federal crime.

No Charge - Applicant agrees to provide grant-funded services at no charge to victims of crime.

Confidentiality - Applicant agrees to maintain the confidentiality of client-counselor information and research data, as required by state and federal law.

Discrimination - Applicant agrees not to discriminate against victims because they disagree with the State's prosecution of the criminal case.

Civil Rights Liaison Certification - Applicants must designate a civil rights liaison who will serve as the grantee's civil rights contact point and who will bear the responsibility for ensuring that the grantee meets all applicable civil rights requirements. The designee will act as the grantee's liaison in civil rights matters with CJD and with the federal Office of Justice Programs. Provide the following information related to the designated Civil Rights Liaison within your agency:

Name of Civil Rights Liaison:	Phone Number:
Terry Bond	915-541-4509

Address:

2 Civic Center Plaza  
 El Paso, TX 79901

The organization's Authorized Official certifies that the project for which this application is submitted will adhere to all of the requirements listed above:

SELECT One:

☒ Yes

☐ No

# Fund-Specific Criteria Form

## PART 2: TYPE OF CRIME

Select the target crime(s) this project will address and specify the percentage of your project that is applicable to each type. Be sure that your percentages total 100%.

Select	Percentage	Type of Crime
<input checked="" type="checkbox"/>	25%	Sexual Assault
<input checked="" type="checkbox"/>	50%	Domestic Abuse
<input checked="" type="checkbox"/>	25%	Child Abuse

☐  Other (Specify):

## PART 3: ELIGIBLE ACTIVITIES

Select all activities or services that your project will provide. Definitions for each activity are provided in the Application Instruction Kit.

<input checked="" type="checkbox"/>	Assistance in Filing Crime Victims' Compensation Claims
<input checked="" type="checkbox"/>	Crisis Counseling
<input type="checkbox"/>	Group Treatment/Support
<input type="checkbox"/>	Emergency Financial Assistance
<input type="checkbox"/>	Emergency Legal Advocacy
<input checked="" type="checkbox"/>	Follow-up
<input checked="" type="checkbox"/>	In-Person Information/Referral
<input type="checkbox"/>	Criminal Justice Support/Advocacy
<input checked="" type="checkbox"/>	Personal Advocacy
<input type="checkbox"/>	Shelter/Safe House
<input checked="" type="checkbox"/>	Telephone Contact Information/Referral
<input type="checkbox"/>	Therapy
<input type="checkbox"/>	Other Services (Specify):

# Project Narrative Form

Legal Name of Organization:	City of El Paso-El Paso Police Department			
Title of Project:	Victim Services Response Team			
Grant Period:	From:	7/1/2005	To:	6/30/2006
Current Grant Number (If Continuation):	13590-06			

## **PART I. PROBLEM STATEMENT AND DATA**

### **1.1 Problem Statement**

Provide a brief statement of the specific problem or problems this project is designed to address.

El Paso has seen an increase in the need for immediate crisis intervention and stabilization to help victims of crime begin the healing process immediately after a crime is committed. Lack of awareness leads to victims not knowing rights and resources available to help them with any physical or emotional trauma suffered as a result of a crime.

# Project Narrative Form

## 1.2 Supporting Data

Provide data that supports the problem. Use only data that is verifiable and relevant to your target population. The data should be derived from baseline statistics. For example, do not use statewide data for a local problem and do not use national data for a statewide problem. Also, provide citations for the sources of your data.

### City of El Paso

Number of Incidents of Violence in 2004  
Approximately 29,104

Year	Number of Victims Served	Compensation Applications
1999	5,584	288
2000	8,729	271
2001	8,947	387
2002	7,032	577
2003	7,621	626
2004	9,920*	1,199**

\* In 2004, there was a 30% increase  
of Victims Served.

\*\* In 2004, there was a 92% increase  
of Compensation Applications filed.

Source: El Paso Police Department

# Project Narrative Form

## 1.3 Community Plan

If this is a local or regional project, the grant applicant must have participated in a local community planning process or the proposed project has to be in response to priorities set in a community plan. IDENTIFY what priority(ies) this project addresses within your community plan. (See T.A.C. §3.51):

This project will provide victims of crime and neglect with support services and/or information and referrals by conducting the following:

- a. Identify multi-disciplinary, comprehensive psychotherapy and/or counseling programs.
- b. Provide victims with referrals to emergency shelter, transitional living and assist in locating permanent housing.
- c. Provide information on crime victims rights, the state compensation fund and facilitate an understanding among victims on the workings of the criminal justice system.
- d. Provide crisis intervention and outreach, and identify or create support groups for victims of sexual assault and the significant others.
- e. Provide emotional support, grief counseling, conflict and trauma resolution, and group or family therapy for crime victims.
- f. Provide updates to victims of crime on their cases as they progress through the criminal justice system.
- g. Assure that victims know that they have the opportunity to submit a statement to the court regarding the impact of the crime committed against them and their families.

The project will also coordinate community efforts in the assistance for crime victims by providing opportunities to volunteers and student interns from the high school level to the post-graduate level in service learning situations. The project will provide adequate training and continuing education to service providers, volunteers and student interns.

# Project Narrative Form

## **PART 2: GOAL STATEMENT**

Based on your problem statement, provide a brief goal statement. It should be a general statement reflecting the overall impact that you intend the project to attain. Do NOT list activities in the goal.

The goal of this project is to provide victims of crime with an increased awareness of victims rights, available resou  
and immediate crisis intervention.

# Project Narrative Form

## **PART 3: TARGET GROUP**

Briefly explain the target group for your project. Include the geographic area targeted, the target audience, and the relevant characteristics of those persons.

### **3.1 Geographic Area:**

The target geographic area for our project is the City of El Paso, TX.

### **3.2 Target Audience:**

The target audience of our group is Victims of all major crimes.

### **3.3 Gender:**

The target gender of our group is both female and male.

### **3.4 Ages:**

This project targets all age groups.

### **3.5 Special Characteristics:**

The special characteristics of our target group include an underserved population consisting of a disadvantaged, monolingual Spanish population and homeless.

# Project Narrative Form

## PART 4: PROJECT ACTIVITIES

### 4.1 Program Type

Designate the Program Type that best describes the primary purpose for this project. Definitions are located in the Application Instruction Kit. Note: Active program types will vary by fund source. While you can view all Program Types, you can only select one that is active for this fund source. (**SELECT** only one)

- ☐ Enforcement/Investigation ☐ Prosecution ☐ Alternative Sanctions ☐ Supervision ☐ Training/Education  
☐ Treatment/Counseling ☐ Prevention ☐ Early Intervention ☐ Victim ☒ Crisis Intervention  
☐ Other (Specify): \_\_\_\_\_

### 4.2 Activity Description

Describe the activities or services your project provides. Be sure the activities support the goal statement and are consistent with the selections made in the Fund-Specific Criteria tab.

The team responds to requests for assistance from patrol officers and supervisors. They respond to crime scenes hospitals, or other locations where victims are located. The team immediately assesses the situation, determines services are needed, and assists in providing help. The team members are trained in Texas Crime Victim Compensation requirements and benefits, available community resources, and have a working knowledge of the criminal justice system. The team is trained in victim awareness and sensitivity, cultural norms, crisis intervention, crisis counseling and on completing Texas Crime Victim Compensation Applications. The team will provide information and make referrals either by phone or in person and conduct follow ups to ensure crime victims are receiving the needed services. The team will promote citizen involvement through volunteerism. Victims will receive immediate assistance, which will be made available at minimal travel distance, as service delivery will begin at the scene of the crime or the victim's home. The team will facilitate coordination and communication with other agencies ensuring a smooth transition for victims as they go through the criminal justice system. The team will continue to recruit volunteers who are trained to respond to the needs of victims.

# Project Narrative Form

## PART 5: PROJECT OBJECTIVES

### 5.1 Performance Measures

Provide both output and outcome measures for this project. Output measures show the level of activity of a project. They reflect the amount of services being provided (e.g., number of people served; number of classes held). They are not intended to show impact. Outcome measures show impacts of a project in targeted areas (e.g., percentage of program graduates). They reflect the extent to which the goals of the project have been achieved.

	<u>Current Annual Activity</u>	<u>Target Level of Activity for the Grant Period</u>
<b>Output Measures - Required for All Projects</b>		
Number of victims served.	9,920 (FY04)	11,110 12%)
Number of call outs.	240 (FY04)	268 (12%)
Number of compensation applications filed.	1,199 (FY04)	1,342 (+12%)
Number of active, trained volunteers.	95 (FY04)	106 (+12%)
<b>Outcome Measures - Optional</b>		
Enter text here...do not exceed the maximum allowed area within any of the text boxes.		

# Project Narrative Form

## 5.2 Continuation Projects

For continuation projects only, if your current or previous year's project is NOT on schedule in accomplishing the stated objectives, briefly describe the major obstacles preventing your organization from successfully reaching the project objectives as stated within your previous grant application. (Data may be calculated on a pro-rated basis depending on how long the current or previous year's project has been operating.)

# Project Narrative Form

## **PART 6: PROJECT SUMMARY**

Briefly summarize the entire application, including the project's problem statement, supporting data, goal, target group, activities, and objectives. Be sure that the summary is easy to understand by a person not familiar with your project and that you are confident and comfortable with the information if it were to be released under a public information request.

Victims of violent crime resulting in bodily injury, death or emotional trauma should receive immediate intervention at the scene of a crime from advocates trained in crisis intervention and stabilization to help victims start the healing process sooner.

The Victim Services Response Team, comprised of three case managers and approximately ninety-five trained volunteers, will respond to crime scenes at the request of police dispatchers, officers investigating the crime, the victim's families, and/or at the request of the victims themselves. The team will respond to each request and will provide crisis intervention, explain available services, make appropriate referrals and conduct follow up sessions with each victim as needed.

The team serves citizens of the City of El Paso (population 563,662 - US Census Bureau, 2000), which falls within the jurisdiction of the El Paso Police Department (EPPD). The El Paso Police Department responded to approximately 29,104 incidents of violence during 2004.

The team prioritizes incidents involving victims of violent crime resulting in bodily injury, death or emotional trauma. The team responds to calls from patrol officers and supervisors and reports to crime scenes, hospitals or other facilities where victims might be. They immediately assess the situation, determine what services are needed, and assist in providing help.

The team is current on Texas Crime Victim Compensation requirements and benefits, available community resources and have a working knowledge of the criminal justice system. The team is trained in victim awareness and sensitive cultural norms, crisis intervention and the completing of TCVC applications. They provide continuous training to current volunteers during regular scheduled monthly meetings. The team will increase the volunteer pool by organizing at least two training sessions per year. The team will inform patrol officers about the services offered by attending training at the regional commands.

The team proposes to increase the number of victims served, the number of call outs, the number of TCVC applications filed and increase their volunteer pool by 12% in 2005-2006.

# Supporting Documents Form

Legal Name of Organization:	City of El Paso-El Paso Police Department		
Title of Project:	Victim Services Response Team		
Grant Period:	From:	7/1/2005	To: 6/30/2006
Current Grant Number (If Continuation):	13590-06		

## PART I: COMPREHENSIVE CERTIFICATION AND ASSURANCES

Applicants must complete and submit this form to CJD before they will receive state and/or federal funds. Recipients of state and/or federal funds must fully understand and comply with the requirements listed for the Assurances on pages 8-11 of the Application Instruction Kit for this project. Failure to comply may result in the withholding of funds, termination of the award, or other sanctions.

### 1.1 Certifications and Assurances

The applicant has read and will fully comply with the Comprehensive Certifications and Assurances stated on pages 8-11 of the Application Instruction Kit for this project:

SELECT One:

### 1.2 Audit Certification - Federal Funds

a) Select the appropriate choice:

SELECT One:

**Option 1:** The applicant certifies that the applicant agency currently expends combined federal funding of \$500,000 or more and, therefore, is required to submit an annual single audit by an independent auditor made in accordance with the Single Audit Act Amendments of 1996 and OMB Circular A-133.

**Option 2:** The applicant certifies that the applicant agency currently expends combined federal funding of less than \$500,000 and, therefore, is exempt from the Single Audit Act and cannot charge audit costs to a CJD grant. I understand, however, that CJD may require a limited scope audit as defined in OMB Circular A-133.

b) Enter agency fiscal year:

09/1/2004 - 08/31/2005

(e.g., 09/01/2004 - 08/31/2005)

c) Enter date of the last audit:

1/9/04

d) Provide information regarding the financial support received by the applicant agency during the most recently completed fiscal year noted in Section 1.3(b) above:

Source of Financial Support	Total Estimated Amount of Support
Federal Funds (excluding this request):	\$75,072.00
State Funds (excluding this request):	\$89,879.00
Local Government Funds:	\$87,476.00
Private Funds:	\$0
Program Income:	\$0
Other (SPECIFY):	\$N/A

# Supporting Documents Form

## 1.3 Equal Employment Opportunity Plan (EEOP) Certification

### Definitions:

**Type I Entity** - Educational/medical/non-profit institution/Native American Tribe - certification required (select appropriate choice below). EEOP NOT REQUIRED.

**Type II Entity** - All other recipients receiving more than \$25,000, but not more than \$500,000 - certification required (select the appropriate choice below); organizations must maintain EEOP on file for possible audit if the organization has more than 50 employees.

**Type III Entity** - For profit entities and state and local governments receiving \$500,000 or more - certifications required (select the appropriate choice below); the organization must submit an EEOP to the Office for Civil Rights (OCR) for approval.

If the applicant organization is a Type I, II, or III Entity, SELECT one of the following:

SELECT One:

Option 4

**Option 1: I certify this organization is a Type I Entity.** This entity will comply with the prohibitions against discrimination in any program or activity (28 CFR § 42.203), is not required to maintain an Equal Employment Opportunity Plan, but will comply with equal employment opportunity program guidelines of the Department of Health and Human Services (28 CFR § 42.302).

**Option 2: I certify this organization is a Type II Entity that employs less than 50 people.** This entity will comply with the prohibitions against discrimination in any program or activity (28 CFR § 42.302), but is not required to maintain an Equal Employment Opportunity Plan (28 CFR § 42.301 et seq).

**Option 3: I certify this organization is a Type II Entity that employs 50 or more people.** This entity will comply with prohibitions against discrimination in any program or activity (28 CFR § 42.302), and has formulated an Equal Employment Opportunity Plan (28 CFR § 42.302 et seq), that is on file in the office of:

**Option 4: I certify this organization is a Type III Entity.** This entity will comply with the prohibitions against discrimination in any program or activity (28 CFR § 42.302), and has formulated an Equal Employment Opportunity Plan (28 CFR § 42.301 et seq), that will be submitted to the Office for Civil Rights, Office of Justice Programs, Department of Justice, for approval upon award of a grant.

## 1.4 Debarment Certification

A. The applicant certifies that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal Court, or voluntarily excluded from participation in this transaction by any federal department or agency;
2. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses unenumerated in section 1.2(a) of this form; and have not within a three-year period preceding this application had one or more public transactions (federal, state, or local) terminated for cause or default; or

B. If the applicant is unable to certify to the above statements, SELECT 'Unable to Certify' and provide an explanation below:

☐ Unable to Certify

# Supporting Documents Form

## **PART 2: COOPERATIVE WORKING AGREEMENT PURPOSE AND PARTICIPANTS**

(T.A.C. §3.2009)

When a grantee intends to carry out a grant project through cooperating or participating with one or more outside organizations, the grantee must obtain authorized approval signatures on the cooperative working agreement (CWA) from each participating organization. Grantees must maintain on file a signed copy of all cooperative working agreements, and they must submit to CJD a list of each participating organization and a description of the purpose of each CWA. Cooperative working agreements do not involve an exchange of funds.

Below, list each participating organization that has entered into a CWA with the applicant, and provide a written description of the purpose of each CWA.

<b><u>No.</u></b>	<b><u>Participating Organization</u></b>	<b><u>Purpose of CWA</u></b>
1.	Family Services of El Paso	Collaboration of efforts to serve victims of crime.
2.	El Paso County Sheriff's Office	Collaboration of efforts to serve victims of crime.
3.	CASA	Collaboration of efforts to serve victims of crime.
4.	Diocesan Migrant Refugee Services	Collaboration of efforts to serve victims of crime.
5.	STARS	Collaboration of efforts to serve victims of crime.
6.	District Attorney's Office	Collaboration of efforts to serve victims of crime.
7.	El Paso County Attorney's Office	Collaboration of efforts to serve victims of crime.
8.	Center Against Family Violence	Collaboration of efforts to serve victims of crime.
9.	Advocacy Center for Children of El Paso	Collaboration of efforts to serve victims of crime.
10.	Rio Grande Council of Government.	Collaboration of efforts to serve victims of crime.
11.	West Texas Commission of Supervision & Corrections Department.	Collaboration of efforts to serve victims of crime.

# Supporting Documents Form

## PART 3: NON-PROFIT FINANCIAL CAPABILITY QUESTIONNAIRE

(T.A.C. §3.2023)

All nonprofit corporations applying for CJD grant funds that **have not previously received a CJD grant** must complete this questionnaire. Failure to comply may result in the denial of an award by CJD.

### 3.1 Organizational Information

1. Enter the year in which the corporation was founded:

2. Enter the date that the IRS letter granted 501(c)(3) tax exemption status:

(Provide a copy of the IRS letter via facsimile.)

3. Enter the Employer Identification Number assigned by the IRS:

4. Enter the charter number and the date assigned by the Texas Secretary of State:

Charter Number:

Date Assigned:

5. In the space provided below state the purpose of the organization as stated in the Articles of Incorporation or the Bylaws:

Enter text here...do not exceed the maximum allowed area within any of the text boxes.

6. If any member of the board is related to one another or an employee of the nonprofit corporation, in the space provided below explain the relationship:

### 3.2 Financial Management Information

#### A. Accounting System

The grantee organization needs to incorporate an accounting system that will track costs between direct and indirect costs (**general ledger**) as well as direct costs by project (**project ledger**). The grantee will also need to establish a **time and effort reporting system** to track personnel costs by project. This should be reported on an hourly basis, or in increments of an hour.

If the answer is 'No', to any question, explain what action will be taken to ensure accountability.

1. Is there a chart of accounts? (This is a list of a grantee organization's accounts identified by a specific number.)

SELECT One:

Enter text here...do not exceed the maximum allowed area within any of text boxes.

2. Does the accounting system include a project ledger providing for the recording of expenditures for each program by required budget cost categories?

SELECT One:

3. Is there a timekeeping system that allows for grant personnel to delineate activity and also requires the signatures of the employee and his or her supervisor?

SELECT One:

# Supporting Documents Form

## B. Financial Capability

The grantee should prepare financial statements at least annually. At a minimum, current internal **balance sheet** and **income statements** are required. A **balance sheet** is a statement of financial position of a grantee disclosing the assets, liabilities, and retained earnings at a given point in time. An **income statement** is a summary of the revenue and expenses of a grantee for a specified period of time, usually for an accounting or fiscal year.

		If the answer is 'No', to any question, explain the corrective action that will be taken to ensure accountability.
1. Has an independent audit been conducted of the organization? <b>If yes, provide a copy of the most recent audit report. If no, provide copies of the most recent Balance Sheet and Income Statement.</b>	SELECT One: <input type="text"/>	
2. Does the organization prepare financial statements at least annually?	SELECT One: <input type="text"/>	
3. According to the organization's most recent Audit or Balance Sheet, are the current total assets greater than the liabilities?	SELECT One: <input type="text"/>	

## C. Budgetary Controls

The grantee should establish a system to track expenditures against budget and/or funded amounts.

1. Are there budgetary controls in effect (e.g., comparison of budget with actual expenditures on a monthly basis) to preclude drawing down grant funds in excess of:

If the answer is 'No', to any question, explain the corrective action that will be taken to ensure accountability.

a) Total funds authorized on the Statement of Grant Award?

SELECT One:

b) Total funds available for any budget category as stipulated on the Statement of Grant Award?

SELECT One:

## D. Internal Controls

The organization must safeguard cash receipts and disbursements and ensure a segregation of duties exists. For example, one person should not have control over all aspects of the accounting system, such as signing checks and making deposits.

1. Has the organization instituted safeguards to ensure adequate controls regarding the following:

If the answer is 'No', to any question, explain the corrective action that will be taken to ensure accountability.

a) Are accounting entries supported by appropriate documentation (e.g., purchase orders, vouchers, receipts, invoices)?

SELECT One:

b) Is there separation of responsibility in the receipt, payment, and recording of cash?

SELECT One:

Other: